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APN# 1420-34-710-035

Recording Requested by:

Name: United Federal Credit Union
Address: PO BOX 125
City/State/Zip: St Joseph, MI 49085



KAREN ELLISON, RECORDER

When Recorded Mail to:

Name: UFCU
Address: PO Box 125
City/State/Zip: St Joseph, MI 49085

(for Recorder's use only)

Mail Tax Statement to:

Name: _____
Address: _____
City/State/Zip: _____

Certificate of Trust
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: _____
(State specific law)

Jodi Hokenson Equity Processor
Signature Title

Jodi Hokenson
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

CERTIFICATE OF TRUST

Escrow No.:

The name of the Trust is: The Karen A. Heine Revocable Trust

The Declaration of Trust was executed on: 5/18/2007

The name of the settler is: Karen Heine

("Settler" includes the creator of a testamentary as well as a non-testamentary trust.)

The currently acting trustee(s) is/are: Karen Heine

("Trustee" includes trustees, a corporate as well as a natural person, a successor or substitute trustee and the successor in interest of a deceased sole trustee.)

The trust is: Revocable Irrevocable (Please check one)

This power may be exercised by: Karen Heine

The trustee(s) have the power to (Please check one)

Sell and convey real property vested in the trustee(s) Yes No

Encumber real property vested in the trustee(s) Yes No

Other powers of the trustee:

If there is more than one trustee, 1 (insert number) of the trustees must act to exercise the powers of the trustee.

Identifying the number of the trust 1

(Insert either a social security number or an employer identification number.)

The form in which assets of the trust are to be taken:

[Redacted]

(Generally "X as Trustee of the Y trust, dated 5/2/17."

We affirm that the undersigned (is/are) (the/all of the) currently acting trustee(s) of the trust and that the trust has not been revoked and amended to make any of the representations contained in this certification incorrect.

Signature Karen Heine

Signature

State of Nevada

County of Douglas

This instrument was acknowledged before me on 3rd day of May, 2017

By: Karen Heine

Signature:

Michele Curtis

Notary Public

